

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		6					57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
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30							80	
31							81	
32							82	
33							83	
34							84	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.		1					TOTAL DEP.	
TOTAL CLAIMS	1	1					TOTAL CLAIMS	